U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7356	2. Fiscal Year Covered From:
	01/01/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Jimmy R Minter	Name United Transportation Union Louse 733
	Labor Organization File Number 003199
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1306 GARDEN ROAD	Street 1306 GARDEN RODD
City Hooks	City Hooks
State Texas 75561 ZIP Code +4 0000	State Texas 7556/ ZIP Code + 4 0000
5. Position in labor organization.	
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name	on represents or is actively seeking to represent.
monetary value from an employer whose employees your organization of the second state	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any). Name	on represents or is actively seeking to represent.
monetary value from an employer whose employees your organization of the second state	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization of the second state	7.a. Nature of Interest, Transaction, or Income.
monetary Value from an employer whose employees your organization of the following trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.
monetary Value from an employer whose employees your organization of the second	7.a. Nature of Interest, Transaction, or Income.
monetary Value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
monetary Value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the